K072933

510(k) Summary

Thommen Medical AG
Special 510(k): Device Modification

SPI® CONTACT Platform Ø 4.0 mm

NOV 1 5 2007

ADMINISTRATIVE INFORMATION

Manufacturer Name:	Thommen Medical AG Haupstrasse 26d CH-4437 Waldenburg, Switzerland Telephone: +41 61 965 90 20 Fax: +41 61 965 90 21
Official Contact:	Orlando Antunes Minna Buser
Representative/Consultant:	Floyd G. Larson PaxMed International, LLC 11234 El Camino Real, Suite 200 San Diego, CA 92130 Telephone: +1 (858) 792-1235 Fax: +1 (858) 792-1236 Email: flarson@paxmed.com

DEVICE NAME AND CLASSIFICATION

Trade/Proprietary Name:	SPI® CONTACT Platform Ø 4.0 mm
Common Name:	Endosseous dental implant; Dental implant abutment
Classification Name:	Implant, Endosseous, Root form; Abutment, Implant, Dental, Endosseous (21 CFR 872.3640, 872.3630), Class II
Product Code	DZE; NHA
Classification Panel:	Dental Products
Reviewing Branch:	Dental Devices

ESTABLISHMENT REGISTRATION

The Establishment Registration number for Thommen Medical AG is 3003836985. The Owner/Operator number is 9051144.

INTENDED USE

SPI® CONTACT Platform Ø 4.0 mm is intended to be surgically placed, either immediately after extraction or following healing, in the bone of the maxillary and/or mandibular arch to provide support for crowns, bridges or overdentures. SPI® Dental Implants can be loaded immediately if they are splinted with a bar on four implants in the mandibular arch or six implants in the maxillary arch.

DEVICE DESCRIPTION

The design of the SPI CONTACT System has been modified to add an additional implant, with a platform diameter of 4.0 mm, giving further enhanced flexibility.

EQUIVALENCE TO MARKETED PRODUCT

The SPI CONTACT Platform Ø 4.0 mm has the following similarities to the unmodified predicate devices:

- has the same intended use,
- uses the same operating principle,
- incorporates the same basic design,
- incorporates the same materials, and
- is packaged using the same materials and processes.

In summary, the Thommen SPI® CONTACT Platform Ø 4.0 mm described in this submission is, in our opinion, substantially equivalent to the predicate devices.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

NOV 1 5 2007

Thommen Medical, AG
C/O Mr. Floyd G. Larson
President
PaxMed International, LLC
11234 El Camino Real, Suite 200
San Diego, California 92130

Re: K072933
Trade/Device Name: SPI® CONTACT Platform Ø 4.0 mm
Regulation Number: 21 CFR 872.3640
Regulation Name: Endosseous Dental Implant
Regulatory Class: II
Product Code: DZE, NHA
Dated: October 15, 2007
Received: October 16, 2007

Dear Mr. Larson:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Chiu Lin, Ph.D. for
Director
Division of Anesthesiology, General Hospital,
Infection Control and Dental Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known):

Device Name: SPI® CONTACT Platform Ø 4.0 mm

Indications for Use:

SPI® CONTACT Platform Ø 4.0 mm is intended to be surgically placed, either immediately after extraction or following healing, in the bone of the maxillary and/or mandibular arch to provide support for crowns, bridges or overdentures. SPI® Dental Implants can be loaded immediately if they are splinted with a bar on four implants in the mandibular arch or six implants in the maxillary arch.

Prescription Use X (Part 21 CFR 801 Subpart D) AND/OR Over-The-Counter Use _____ (21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)
Division of Anesthesiology, General Hospital
Infection Control, Dental Devices

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